

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046126

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 218 Primary Registration District No. 1003 Registrar's No. 11731

FILED DEC 12 1963

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		Length of stay in 1b		c. CITY OR TOWN Freidheim		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer Phillips Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last Charles C. Thomure				4. DATE OF DEATH Month Day Year November 26, 1963					
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7/12/1899		9. AGE (last birthday) 64	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Interior Decorator		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Perry Co., Mo.		12. CITIZEN OF WHAT COUNTRY U.S.			
13a. FATHER'S NAME John Thomure				13b. MOTHER'S MAIDEN NAME Mary Voelker		14. NAME OF HUSBAND OR WIFE Mary E.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. II				16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Mary Thomure, Friedheim, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Accident of right Pulmonary artery with Hemorrhage; Subdural Hemorrhage; Suffered in fall from ladder while working at 2877 Rauschenbach on Nov 26, 1963 about 847 A.M. DUE TO (b) DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) accident 901.0-21				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See above					
20c. TIME OF INJURY Hour 8:42 a.m. Month, Day, Year 11-26-63		20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOUSE		20f. CITY, TOWN, OR LOCATION 20 St Louis, Mo		COUNTY STATE	
21. I attended the deceased from 9:05 A to [REDACTED] and last saw her him alive on [REDACTED]. Death occurred at [REDACTED] m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Joseph M. Quinn				22b. ADDRESS 1300 Clark				22c. DATE SIGNED 11-26-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11-30-63		23c. NAME OF CEMETERY OR CREMATORY Arnsburg Baptist Cemetery		23d. LOCATION (City, town, or county) Cape Girardeau - Co. Minnith, Mo.		(State)	
24. FUNERAL DIRECTOR Young & Sons Funeral Home, Perryville, Mo.				25. DATE RECD. BY LOCAL REG. NOV 27 1963		26. REGISTRAR'S SIGNATURE Road Smith, M.D.			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

1-21-64
1-21-64
Baptist Cemetery
Minnith, Mo.
Arnsburg Cemetery
Cape Girardeau, Mo.

DOCUMENT

BY AFFIDAVIT OF Funeral Director

10-1116-100

10-1116-100

10-1116-100

DEC 13 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harvey Kahle

Licensed Embalmer No. 4596

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.